

08 cv 3143

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**AFFIDAVIT ACCOMPANYING MOTION FOR  
PERMISSION TO APPEAL IN FORMA PAUPERIS**  
United States Court of Appeals  
for the Seventh Circuit

Dorothy Murphy  
082664  
v. Case No. 08-2668

Pinnacle Health Care of Berwyn  
Attorney: Kenneth A. Hermy  
Affidavit in Support of Motion

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)

Signed: Dorothy Murphy

My issues on appeal are:

) Appeal from the United States District Court for the  
) District of \_\_\_\_\_

) District Court No. 08CV3143

) District Court Judge Honorable Manning  
magistrate judge - Gerardine S. Brown

**Instructions**

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Date: July 17, 2008

**FILED**

**JUL 18 2008 YM**

**JUL 18 2008**

**MICHAEL W. DOBBINS**

**CLERK, U.S. DISTRICT COURT**

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
<u>Employment</u>	\$ <u>540.00 monthly</u>		\$	\$
Self-employment	\$ <u>N/A</u>	\$ <u>N/A</u>	\$	\$
Income from real property (such as rental income)	\$ <u>N/A</u>	\$ <u>N/A</u>	\$	\$
Interest and dividends	\$ <u>N/A</u>	\$ <u>N/A</u>	\$	\$
Gifts	\$ <u>N/A</u>	\$ <u>N/A</u>	\$	\$
Alimony	\$ <u>N/A</u>	\$ <u>N/A</u>	\$	\$
Child support	\$ <u>162.00 biweekly</u>		\$	\$
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>N/A</u>	\$ <u>N/A</u>	\$	\$
Disability (such as social security, insurance payments)	\$ <u>N/A</u>	\$ <u>N/A</u>	\$	\$
Unemployment payments	\$ <u>N/A</u>	\$ <u>N/A</u>	\$	\$
Public-assistance (such as welfare)	\$ <u>N/A</u>	\$ <u>N/A</u>	\$	\$
Other (specify): <u>Food stamps</u>	\$ <u>169.00</u>	\$ <u>Food stamps</u>	\$	\$
Total monthly income:	\$ <u>865.24</u>		\$	\$

**U.S.C.A. - 7th Circuit**  
**FILED**

**JUL 17 2008 DDS**

**GINO J. AGNELLO**  
**CLERK**

**U.S.C.A. - 7th Circuit**  
**FILED**

**JUL 18 2008 DDS**

**GINO J. AGNELLO**  
**CLERK**

2. List your employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross monthly pay
Fairmont Care Center	5001 N. Pulaski	11/16/06	\$540.00

3. List your spouse's employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross monthly pay
N/A	N/A	N/A	N/A

4. How much cash do you and your spouse have? \$

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial Institution	Type of Account	Amount you have	Amount your spouse has
N/A	N/A	N/A	N/A

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Home (Value)	Other real estate (Value)	Motor Vehicle #1 (Value)
N/A	N/A	N/A
		Make & year: _____
		Model: _____
		Registration # _____

Motor Vehicle #2 (Value)	Other assets (Value)	Other assets (Value)
2001 Make & year: Chevy Venture		
Model: Venture		
Registration # _____		

## 6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
Sammie Slack (former landlord)	\$1,500 security deposit	

## 7. State the persons who rely on you or your spouse for support.

Name	Relationship	Age
Louella Abston	daughter	15
Darnell Abston	son	16
R.S. Abston	son	18

## 8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Your spouse
Rent or home-mortgage payment (including lot rented for mobile home)	\$ 0	\$
Are real estate taxes included? [ ] Yes [ ] No		
Is property insurance included? [ ] Yes [ ] No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 40.00 mthly	\$
Home maintenance (repairs and upkeep)	\$ N/A	\$
Food	\$ 169.00	\$
Clothing	\$ 350.00	\$
Laundry and dry-cleaning	\$ 30.00	\$
Medical and dental expenses	\$ 0	\$
Transportation (not including motor vehicle expenses)	\$ 20 wckly	\$
Recreation, entertainment, newspapers, magazines, etc.	\$ 30 movies	\$
Insurance (not deducted from wages or included in mortgage payments)	\$ N/A	\$
Homeowner's or renter's		

Life \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 Health \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 Motor vehicle \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 Other: \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Taxes (not deducted from wages or included in mortgage payments)  
 (specify):

Installment payments

Motor Vehicle

Credit card (name): \_\_\_\_\_

Department store (name): \_\_\_\_\_

Other: \_\_\_\_\_

Alimony, maintenance, and support paid to others

Regular expenses for operation of business, profession, or farm (attach  
 detail)

Other (specify): \_\_\_\_\_

Total monthly expenses:

\$ 530.00 \$ \_\_\_\_\_

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during  
 the next 12 months?

[ ] Yes [X] No If yes, describe on an attached sheet.

10. Have you paid or will you be paying an attorney any money for services in connection with this case,  
 including the completion of this form?

[ ] Yes [X] No If yes, how much? \$ \_\_\_\_\_

If yes, state the attorney's name, address, and telephone number:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

11. Have you paid-or will you be paying-anyone other than an attorney (such as a paralegal or a typist) any money for services in connection with this case, including the completion of this form?

[ ] Yes [X] No If yes, how much? \$ \_\_\_\_\_

If yes, state the person's name, address, and telephone number:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.

I'm financially unstable and I'm not making enough money to pay.

13. State the address of your legal residence.

5310 W. North Apt #2

Chicago, IL 60639

postal address: P.O. box # 10817 Chicago, IL 60610

Your daytime phone number: (773) 544-6884

Your age: 46 Your years of schooling: 11th

Your social-security number: \_\_\_\_\_